EXPRESS MAIL NO.: EL852689525US

## **APPLICATION DATA SHEET**

Secrecy Order in Parent Appl.?::

## **Application Information**

| Application number::             |                                     |
|----------------------------------|-------------------------------------|
| Filing Date::                    |                                     |
| Application Type::               | Regular                             |
| Subject Matter::                 | Utility                             |
| Suggested classification::       |                                     |
| Suggested Group Art Unit::       |                                     |
| CD-ROM or CD-R?::                | None                                |
| Number of CD disks::             | 0                                   |
| Number of copies of CDs::        | 0                                   |
| Sequence submission?::           | No                                  |
| Computer Readable Form (CRF)?::  | No                                  |
| Number of copies of CRF::        | 0                                   |
| Title ::                         | POINT OF PURCHASE DISPLAY CONTAINER |
| Attorney Docket Number::         | 44537-4                             |
| Request for Early Publication?:: | No                                  |
| Request for Non-Publication?::   | No                                  |
| Suggested Drawing Figure::       | Figure 1                            |
| Total Drawing Sheets::           | 5                                   |
| Small Entity?::                  | Yes                                 |
| Petition included?::             | No                                  |
| Petition Type::                  |                                     |
| Licensed U.S. Gov't Agency::     |                                     |
| Contract or Grant No::           |                                     |

No

## **First Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Tim

Middle Name::

Family Name:: Martin

Name Suffix::

City of Residence:: Lynden

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: P.O. Box 649

City of mailing address:: Lynden

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98264

## **Correspondence Information**

Correspondence Customer Number:: 22504

Name:: Davis Wright Tremaine LLP

Street of mailing Address:: 1501 Fourth Avenue, #2600

City of mailing address:: Seattle

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98101-1688

Phone number:: 206-622-3150

Fax number:: 206-628-7699

| E-mail address::                       |         |                        | b         | brucekaser@dwt.com   |  |                      |  |
|--|---------|------------------------|-----------|----------------------|--|----------------------|--|
| Representative                         | Inform  | nation                 |           |                      |  |                      |  |
| Representative Customer Number::       |         |                        |           |                      |  | 22504                |  |
| Domestic Priori                        | ty Info | ermation               |           |                      |  |                      |  |
| Application ::                         | Con     | ntinuity Type::        |           | Parent Application:: |  | Parent Filing Date:: |  |
| 60/437,682 Pro                         |         | ovisional              |           |                      |  | 12/31/02             |  |
|  |         |                        |           |                      |  |                      |  |
|  |         |                        |           |                      |  |                      |  |
| Foreign Priority Country::             | Inforr  | nation Application num | <br>ber:: | Filing Date::        |  | Priority Claimed::   |  |
|  |         |                        |           |                      |  |                      |  |
|  |         |                        |           |                      |  |                      |  |
|  |         |                        |           |                      |  |                      |  |
| Assignee Inform                        | nation  |                        |           |                      |  |                      |  |
| Assignee name::                        |         |                        |           |                      |  |                      |  |
| Street of mailing address::            |         |                        |           |                      |  |                      |  |
| City of mailing address::              |         |                        |           |                      |  |                      |  |
| State or Province of mailing address:: |         |                        |           |                      |  |                      |  |
| Country of maili                       | ng add  | lress::                |           |                      |  |                      |  |
| Postal or Zip Code of mailing address: |         |                        |           |                      |  |                      |  |